

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	T-17		3-9-00 E-129-C
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>		160916	11/11/00
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1	12/16/00	51		101	
2	12/16/00	52		102	
3	✓	53		103	
4	✓	54		104	
5	✓	55		105	
6		56		106	
7		57		107	
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13		63		113	
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15		65		115	
16		66		116	
17		67		117	
18	✓	68		118	
19		69		119	
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26		76		126	
27		77		127	
28		78		128	
29		79		129	
30		80		130	
31	✓	81		131	
32		82		132	
33		83		133	
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44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

The terminal  
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**WARNING:**  
The information discloses  
Possession outside the

Form PTO-436A  
(Rev. 6/99)

If more than 150 claims or 10 actions  
staple additional sheet here

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